

Indiana First Steps Newsletter

February 2015

Message from the State

Agencies, providers, SPOEs & service coordinators,

Thank you for your patience as First Steps coordinates activities to support the 2015 training transition. Throughout 2015, we will continue to distribute newsletters to maintain credentialing credit for this activity. The Bureau of Child Development Services (BCDS) is currently developing a training needs assessment for feedback from all system roles on the varied training needs identified within the First Steps system. Please look for more information regarding this assessment within the next month. We understand that as we move forward into the training year you may have questions regarding your enrollment and credentialing. Please continue to check your email, Agency Updates, and these newsletters for continued updates. You may email specific training ideas, credentialing questions or enrollment issues to www.FirstStepsWeb@fssa.in.gov.

The BCDS looks forward to developing a training structure which supports our system of professional development needs that is also responsive to the providers and coordinators in First Steps.

Newsletter Instructions

This newsletter is intended to serve as the training requirement for what previously would have been the February 2015 Training Times. This activity is required of all providers.

- Please read all newsletter content thoroughly.
- Click on the link for and read the article "A Framework for Providing Culturally Responsive Early Intervention Services." Some quiz questions will also focus on this content.
- Follow the link at the bottom of the newsletter to take the online assessment. You must pass the assessment with a score of 80% or above.
- Once you have passed the quiz, **please print out the completion page with your score for your records.** This will ensure that you possess documentation that proves you have completed this training requirement.

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Online Training Availability

The state is currently partnering with CSC/Provider Enrollment to house a website that links to each of the online trainings that were previously available via the UTS website. This webpage may be accessed via the homepage of the [EiKids](#) website or by clicking here: [First Steps Online Training Webpage](#)

The trainings which will once again be available are:

- FSCT – AEPS Part 1: Understanding and Using the AEPS
- FSCT – The Science of Infant Brain Development
- FSCT – Inclusion in Early Care and Education Training Video
- FSCT – Providing Early Intervention Supports and Services in Natural Environments
- FSCT – Family Centered Approach to Procedural Safeguards
- FSCT – Professional Boundaries & Ethics in Home Visiting
- FSCT – Positive Transitions for Children and Families in Early Intervention
- Direct Service Provider 101 Orientation Training
- Service Coordinator 101 Training Video

As you begin to utilize the webpage and the trainings, **please be aware that the Attestation Statement for trainings is to be completed by the person taking the training and kept on file as supporting documentation in the event of an audit. Please note that this document will be undergoing changes as we move forward with the site, but at this time we ask that providers continue to utilize this document for their records.**

There are also changes to the how the assessment for each training will be handled. **For First Steps Core Trainings, DSP 101, or SC 101 you will need to open the Word document to answer the questions. Your answers to the quiz should be sent to firststepsweb@fssa.in.gov.** You may send your answers in a variety of ways:

- you can print the document, circle your answers, and scan it
- you may download the document, highlight your answers, and send as an attachment
- you may simply send an email with the name of the training, the numbers of the questions, and the letter that indicates your answer.

Your quiz will be graded and an email confirmation of completion and score will be returned to you.

There is currently no Annual Training Fee expected of providers during calendar year 2015. There is also no fee to access and complete any of the online trainings. Should training fees be implemented in the future, all providers will be given notice prior to any attempt to collect fees.

Important FSCT reminder

- Please remember that the state has identified the FSCT – AEPS Part 1: Understanding and Using the AEPS as the **required** FSCT for all providers in 2015. If you have not taken this specific AEPS course previously, this is the one FSCT you should complete for your credentialing activities.

- If you have previously taken this training, you may utilize the other online FSCTs, provided that you have not previously taken them. You may contact firststepsweb@fssa.in.gov to obtain information relating to other FSCT possibilities if the online trainings have all been taken previously.

Provider Enrollment Documentation Process Change

In order to facilitate speedier processing of documentation sent to Provider Enrollment, effective February 6, 2015 a change in procedures regarding original signatures has been implemented.

- Initial and annual credentialing as well as First Year Attestation documentation may now be submitted via email to infenroll@csc.com, as a copy of your signature is now acceptable on this documentation.
- Original signatures are still *required* for newly enrolled providers (enrollment packet) and existing providers who are adding an agency to their enrollment.
- All documents sent electronically need to be sent to infenroll@csc.com, and the subject of the email needs to read, "Provider Last Name, First Name Initial, and Credential Packet."

Direct Service Provider 102 & 103 Trainings

We would like to announce that Direct Service Provider 102 and 103 will be offered to new providers on March 10, 2015.

One of the goals of the restructuring of the training system is to allow for more locally based trainings to be offered so as to reduce the amount of travel that providers must make in order to obtain required trainings. With this in mind, the first sessions of this year for DSP 102 and 103 will be held at the Allen County Public Library, Main Branch in Fort Wayne.

Every provider in need of this training is welcome to attend, but please note that more sessions will be subsequently offered that will be in different locations so that providers in all regions of the state will have access to trainings more locally. Please also remember that these two trainings may both be taken on the same day.

Please RSVP for either or both of these trainings by emailing firststepsweb@fssa.in.gov. Please include your full name and which trainings you will be attending.

- **DSP 102: Tuesday, March 3, 2015 – 9:00 a.m. – 12:00 p.m., Allen County Public Library, Fort Wayne**
- **DSP 103: Tuesday, March 3, 2015 – 1:00 p.m. – 4:00 p.m., Allen County Public Library, Fort Wayne**

First Steps and the State Systemic Improvement Plan

As part of the Individuals with Disabilities Education Act (IDEA), the U. S. Department of Education and its Office of Special Education Programs (OSEP) is implementing a revised accountability system for state programs serving children and youth with disabilities. This includes First Steps, which is Indiana's Part C program for providing early intervention services to infants and toddlers with disabilities and their families. This change in accountability measurement reflects a shift from emphasizing compliance with federal rules to a framework that focuses on improved results. OSEP

calls this Results-Driven Accountability (RDA). RDA emphasizes improving important child and family outcomes, such as social-emotional skills and families helping their children to learn and develop.

As part of this new RDA focus, First Steps is required to develop a State Systemic Improvement Plan (SSIP) as part of its Federal Fiscal 2013 Annual Performance Report (APR). The goal of the SSIP is to support the use of evidence-based practices in First Steps, and improve results for all infants and toddlers with disabilities. OSEP proposes to accomplish this across three phases over the next five years. This Figure outlines the three phases and what OSEP asks First Steps to accomplish.

Proposed SSIP Activities by Phase

Year 1 - FFY 2013 Delivered by Feb 2015	Year 2 - FFY 2014 Delivered by Feb 2016	Years 3-6 FFY 2015-18 Feb 2017- Feb 2020
Phase I Analysis	Phase II Plan	Phase III Evaluation
<ul style="list-style-type: none"> • Data Analysis; • Identification of the Focus for Improvement; • Infrastructure to Support Improvement and Build Capacity; • Theory of Action 	<ul style="list-style-type: none"> • Infrastructure Development; • Support for local educational agency (LEA) Implementation of Evidence-Based Practices; • Evaluation Plan 	<ul style="list-style-type: none"> • Results of Ongoing Evaluation • Extent of Progress • Revisions to the SPP

Currently, First Steps is completing Phase I: Analyses. This first part of the SSIP is due April 1, 2015, and includes four components:

1. An analysis of child and family outcome data to determine if all children and families are experiencing positive child and family outcomes, and identify outcomes (e.g., positive social-emotional skills) or groups of children (e.g., boys, African American children) for whom First Steps is less successful.
2. Identification of the state's focus for improvement or the State-identified Measurable Result (SiMR), which is First Steps' goals or targets for improvement.
3. An analysis of First Steps' infrastructure (e.g., leadership, fiscal resources, quality standards, professional development, and evaluation) and a determination of what improvements are needed in order to improve results for children (SiMR).
4. A Theory of Action, which provides a graphic illustration explaining how the state will enhance the capacity and quality of services, which in turn should lead to better results for children.

Stakeholder input and collaboration with other state agencies and initiatives is an important element of the SSIP. First Steps, through its Interagency Coordinating Council (ICC) and through regional meetings, has involved several stakeholder groups, including family members, providers, program administrators, public schools, and other home visiting programs in Indiana. Past meeting minutes and materials from the ICC meetings may be accessed on the Early Childhood Center's website (www.iidc.indiana.edu/ecc).

Current analyses and stakeholder input have led to three possible focuses for improvement for First Steps:

1. Increase the percentage of Black/African American children showing greater than expected growth in all outcome areas.

2. Increase the percentage of children in poverty showing greater than expected growth in all outcome areas.
3. Increase the percentage of families who are in poverty or African American that remain in First Steps and report that the program helped them help their child develop and learn.

The Early Childhood Center at Indiana University is contracted by First Steps to assist in conducting the required analyses and state/regional meetings for gathering stakeholder input and drafting Indiana's Part C SSIP. Current drafts of the First Steps SSIP can be found on its website (<http://www.iidc.indiana.edu/index.php?pagelid=195>). Interested stakeholders may also complete a survey to provide comments and opinions regarding why African American children and children living in poverty do less well in First Steps, and provide insight as to the best strategies to improve outcomes for these children.

If you have further questions about the State Systemic Improvement Plan (SSIP) for First Steps, please contact Michael Conn-Powers at the Early Childhood Center (mipower@indiana.edu).

Psychological Services in First Steps Early Intervention

The following article was previously published in the May 2012 Training Times; however we will be utilizing this newsletter to highlight the roles that less frequently accessed service providers play within the state's early intervention system in order to assist IFSP teams to identify when other resources may be appropriate to address a child's individualized needs.

Developmental delays include slow attainment of skills in any of the five main areas of development, including communication, motor, adaptive behavior, cognitive and social and emotional. Children may have delays across areas and delays in one area which can affect the attainment of progress in other areas. At times, children with delays can have associated difficult behaviors; family members can require supports to manage this behavior or their own emotional responses to the child's developmental differences. When a child and family need this kind of assistance, a First Steps psychologist may help. Below are some questions and answers about how, when and in what ways a psychologist can serve children under First Steps.

What services do psychologists provide?

Psychological Services available under First Steps may include ongoing services, testing and other assessments, consultation about child development, and parent training. In general, services are provided to eligible children and/or families when concerns are related to the child's developmental needs. Psychologists may provide services directly to the child and/or work with the family. Psychology assessment may include parent interview, child observations, interactions with the child, provider interviews, and developmental or psychological testing.

Part of psychology licensure is the ability to provide mental health and developmental diagnoses. However, the decision to diagnose or not to diagnose is multi-faceted. The psychologist will take account into the length of time the child has been receiving services, the age of the child, the family's readiness or willingness to have a diagnosis, and the child's developmental level.

Who can provide psychological services in First Steps?

As with all First Steps services, psychologists must meet specific criteria and attain a First Steps Credential. Because providers can come from several different backgrounds, families may wonder who can best help them. It is important to recognize that the provider's experience with young children and specific populations of young children with developmental challenges may be more important to their competence than their initial training background or degree. For those who are new to working with young children, documented continuing education and supervision should be carefully considered when assessing the provider's competence. In Indiana, there are two types of psychology licensure: Independent Practice School Psychologists and Health Service Providers in Psychology.

Psychologists in Indiana are licensed after they earn a doctorate from a university or college in an applied area of psychology (usually school, counseling, or clinical), complete a one year internship, pass a specific licensing examination, and complete another year of supervision to earn the title "Health Service Provider in Psychology" (HSPP). HSPP psychologists are able to provide consultation to other professionals, psychotherapy and assessment, as well as make diagnoses. This license is supervised by the Indiana Professional Licensing Agency, Psychology Licensing Board.

School Psychologists with a Master's/specialist or doctoral degree can also provide services with an additional private practice endorsement (Independent Practice). The endorsement is obtained through additional clinical supervision and completion of a state licensing examination. Psychologists working under this endorsement can provide consultation, intervention, assessments and diagnose concerns that appear in the special education law. This license is overseen by the Indiana Department of Education.

When are psychology services appropriate and which family members may access them?

When considering a referral for psychology services, providers should keep in mind infant and toddler behaviors, parent behaviors, and family circumstances. In infants, mental health concerns are most often expressed as difficulty with self-regulation (sleep, feeding, emotions) or the development of healthy attachments. For toddlers, there may be additional behavioral concerns such as excessive withdrawal, regression of developmental skills, or extreme aggression.

Providers may see many children with troubling behaviors or families with difficult situations. It can be hard to know which behaviors warrant a psychology referral. A list of the kinds of concerns that may suggest the need for psychology referrals are included.

Infant (0 to 1 year) social and emotional characteristics that may signal the need for MH assessment:

Excessive Crying (colicky, cries more than 3 hours in 24 hours)	Sleep Disturbance
Feeding Disorders	Extreme Stranger Anxiety
Won't Cuddle	No or limited eye contact

No smiling	Little or no social reciprocity (enjoyment of interaction with others)
Muscular Rigidity (freezing)	Little Emotion (rarely coos or babbles)
Irritability related to mood dysregulation	Sensory sensitivity (unusual sensitivity to sight, sound, and/or touch)

Toddler (1 to 3 years) social and emotional characteristics that may signal the need for MH assessment:

No or limited eye contact	Severe temper tantrums or aggression
Continual thumb sucking	Too social to unfamiliar adults
Significant sleeping problems (night terrors, wakes numerous times, difficulty settling at bed time)	Trouble attending to play or social activities
Eating problems	Difficulty with transitions between activities
Frustration with communication	Self-injurious behaviors
Inability to separate from caregiver without extreme anxiety	Tries to take care of parent
Loss of skills in any developmental area	

Parent social and emotional characteristics that, when combined with behaviors or documented developmental issues/child concerns present with the child, may signal the need for MH assessment:

Parent looks sad and/or exceedingly tired	Parent states feeling blue and overwhelmed
Parent feels no joy regarding child	Parent has MH issues, cognitive limitations, or problems
Limited family support	

Family risk factors that, when combined with child concerns, may signal the need for MH assessment:

Drug/alcohol use in home	Multiple moves or changes in placement
Violence in home	Young parent/single parent
Chaotic or stressful home environment	Child abuse or neglect/CPS involvement
Family economic stress	Sibling issues
Low socio-economic status/poverty	Parental discord around child's developmental differences, acceptance, treatment, and family responses (nuclear

	and extended)
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How can a Cluster locate psychologists when needed?

At this time the number of psychologists who are credentialed through Indiana First Steps is limited. To address this issue of limited providers and ensure access to services, Psychologists may be enrolled through an agency or as independent providers. If a family is working with an agency that does not have a mental health provider on staff, access to these services is still possible. Agencies will establish referral agreements with Psychologists and other disciplines with limited numbers of providers, including Social Workers. Service Coordinators, Assessment Team members, or Agency staff are encouraged to contact Psychologists via their Matrix page, to discuss the needs of the family and to seek assistance in arranging for referrals.

An authorization for a psychology assessment should be obtained through the Service Coordinator.. Following the assessment, a recommendation for ongoing services may be given. At that time, approval would be sought through the IFSP team, including the parent, Service Coordinator, Assessment Team and ongoing providers to add this service.

How does the psychologist collaborate with the other IFSP team members?

Like other team members, the psychologist will prepare quarterly reports and may attend IFSP meetings. Psychologists may also coordinate with other team members informally through phone calls or other appropriate communication. Team members including the ED Team members, the Service Coordinator, and the ongoing providers should feel comfortable contacting the psychologist to discuss their observations related to the child and family.

At times the psychologist may provide a one-time assessment but not become a member of the IFSP team. The psychologist may perform the assessment in one or more sessions that might occur in the family's home, the psychologist's office, or in a community setting. In most cases the psychologist will talk with ongoing team members to learn more about how the child is performing during ongoing services and to share ideas about intervention and resources. At times, psychologists may also find it helpful to refer families to community resources beyond the First Steps system.

Portions of this paper were adapted from: **Early Childhood Mental Health Services and Indiana's First Steps System**, Indiana Association for Infant & Toddler Mental Health with additional material contributed by Angela Tomlin, PhD, HSPP, IMH-E (IV), Christine Raches, Psy D, HSPP and Patricia Martin-Brown, M.S., NCSP.

Suggested citation: Indiana Association for Infant & Toddler Mental Health (2012). *Early Childhood Mental Health Services and Indiana's First Steps System*. Indianapolis, IN, IAITMH.

A Framework for Providing Culturally Responsive Early Intervention Services

Given the three areas of possible improvement that have been identified as part of the SSIP, we have chosen the following article as a training resource for all providers to read as part of this

newsletter. We believe that the impact of cultural responsiveness and awareness plays a significant part in improving outcomes for families and children of a variety of cultures.

Please follow this link (<http://yec.sagepub.com/content/16/1/3.full.pdf+html>) to access the article "A Framework for Providing Culturally Responsive Early Intervention Services" by Wendy Brandshaw, MA.

February 2015 Indiana First Steps Newsletter Assessment

Follow this link https://iu.co1.qualtrics.com/SE/?SID=SV_cD7AkhQuKvWZ6fP to the Newsletter quiz. Completion of this quiz with a passing score of 80% is required in order to fulfill the newsletter requirement for initial and annual credentialing. Once you have completed the quiz, you will receive a confirm of your score from the state office within one to two days.